OFFICE OF SENATOR JOHN WARNER APPLICATION FOR THE SENATE PAGE PROGRAM

SECTION I - Please	complete the following:	
Full Name:		
Address:		
Home Phone:		
Cell Phone:		
Email Address:		
Social Security Nu	mber:	
Date of Birth:		
High School:		
Graduation Date:		
Current GPA:		
Please mark the se	mester you are applying fo	or:
FALL	SPRING	SUMMER
PLEASE FAX THE I	FOLLOWING ALONG WITH	I YOUR APPLICATION:
1 - A copy of your r	esume	
2 - 2 recommendati	ions	
Fax to: 202-228-451 Attention: Page Ap		

PLEASE HAVE YOUR HIGH SCHOOL SEND A CERTIFIED COPY OF YOUR TRANSCRIPT TO:

Senator John Warner
Page Application
225 Russell Senator Office Bldg.
Washington, DC 20510

OFFICE OF SENATOR JOHN WARNER APPLICATION FOR INTERNSHIP

Page 2

SECTION II - Please complete the following:

and/or	college.
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List an	y honors or awards you have received.
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SECTION	ON III - In approximately 250 words, please tell us about yourself by
	ring the following question:
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Why do	o you want to serve as a Senate Page and what do you hope to gain from your
•	ences as a Page?
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